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CONFIRMATION NO. 7120

Bib Data Sheet

SERIAL NUMBER 10/620,070	FILING DATE 07/14/2003 RULE	CLASS 602	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. B6226.1615.4370
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APPLICANTS

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** CONTINUING DATA *****

no

** FOREIGN APPLICATIONS *****

no

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/16/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 6
Verified and Acknowledged	Allowance <i>Amanda N. V. Kew</i> Examiner's Signature Initials				

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TITLE

Cranial orthosis for preventing positional plagiocephaly in infants

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)